Schedule E)	PAGE 1 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report New report Amends re	eport filed on
Full Name of Payee Elizabeth M Moore	Date of Public Distribution/Dissemination
	09 12 2014
Mailing Address 1223 Silver Sage Dr Apt 303	Amount
City State Zip Code	20.00
Raleigh NC 27606	Transaction ID: a2a02cd8-aa96-469c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 0	001 09 / 12 / 2014
Name of Federal Candidate Support	t Office Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought 302612.99	Disbursement For:
Full Name of Payee Elizabeth M Moore	Date of Public Distribution/Dissemination
	09 / 12 / 2014
Mailing Address 1223 Silver Sage Dr Apt 303	Amount
City State Zip Code	6.39
Raleigh NC 27606	Transaction ID : 6902418a-0f68-434f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type Output Description: Category/ Type	02 09 12 2014
Name of Federal Candidate Suppor	t Office Sought: House District: 00
Ms. Kay Hagan Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 302612.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
-	
(a) SUBTOTAL of Itemized Independent Expenditures	26.39
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 09 14 2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O cosserve
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee Eric J Smith	Date of Public Distribution/Dissemination
	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartville	Amount
City State Zip Code	80.00
Morganton NC 28655	Transaction ID: 86055331-c61d-4992-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Jennifer E Smith	Date of Public Distribution/Dissemination
	09 12 2014
Mailing Address 4967 Dysartsville Rd	Amount
City State Zip Code	80.00
Morganton NC 28655	Transaction ID : d21b21e3-73d0-4861-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 12 / Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General 4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(4) 002 10 112 11 112 112 112 112 112 112 1	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	09 14 2014
Signature	

Schedule E)	LIVI EXI END	HONES	PAGE 3 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination
Mailing Address 4967 Dysartsville Rd			09 / 12 / 2014
4967 Dysartsville Rd			Amount
City	State	Zip Code	10.50
Morganton	NC	28655	Transaction ID: b2991d76-6d6d-41ab-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Elizabeth M Moore			09 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1223 Silver Sage Dr Apt 303	3		Amount
City	State	Zip Code	20.00
Raleigh	NC	27606	Transaction ID: 45054bf3-0c14-4462-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		30.50
#N			
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 14 2014
5			

Schedule E)		1101120		PAGE 4 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends rep		A = M / D = D / Y = Y = Y
Full Name of Payee Elizabeth M Moore				of Public Distribution/Dissemination
Mailing Address 1223 Silver Sage Dr Apt 303			Amou	09 12 2014 unt
City	State	Zip Code		9.96
Raleigh	NC	27606		saction ID : 466fac6e-0d2d-477b-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	3	02612.99	Disbursemer 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Monique Guillory			[09 12 2014
Mailing Address 409 LaSalle Drive			Amou	unt
City	State	Zip Code	TI:	10.00
Little Rock	AR	72211		action ID: b18f778e-d105-47e0-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 12 / 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	302612.99	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S			19.96
(b) SUBTOTAL of Unitemized Independent Expenditu	res		-	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	e 09	14 2014

Schedule E)		1101120		PAGE 5 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Monique Guillory			Date of Pub	olic Distribution/Dissemination 12 2014
Mailing Address 409 LaSalle Drive			Amount	
City	State	Zip Code		0.30
Little Rock	AR	72211		n ID : 1aa6dc96-7eee-4c21-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: 2014 Other (Primary X General Specify) ▶
Full Name of Payee Monique Guillory			Date of Puk	olic Distribution/Dissemination
Mailing Address 409 LaSalle Drive			09	12 2014
			Amount	
City	State	Zip Code		10.00
Little Rock Purpose of Expenditure	AR	72211	Transaction Date of Dis	ID: d04dfb03-7d06-4e5d-b bursement or Obligation
Salary		Category/ Type 001	09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	Jitures		•	10.30
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		2014
Signature		_		

Schedule E)	LIVI EXI END	ITORES	PAGE 6 FOR SE OF	OF 63 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	N NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on	Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/I	Dissemination
Monique Guillory			09 / D D /	2014
Mailing Address 409 LaSalle Drive			Amount	
City	State	Zip Code		0.30
Little Rock	AR	72211	Transaction ID: 905635f9- Date of Disbursement or O	
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D /	2014
Name of Federal Candidate		Support	Office Sought: House I	District: 00
Ms. Kay Hagan		X Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	302612.99	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/	Dissemination
Krystal A Wilson			09 / 12 /	2014
Mailing Address 448 Judson Dr			Amount	
City	State	Zip Code		40.00
Wake Forest	NC	27587	Transaction ID : 6dd32fbd- Date of Disbursement or C	
Purpose of Expenditure Salary		Category/ Type 001	09 / 12	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7	302612.99	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expendent	itures			40.30
			7 7	
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indeposit, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M = M / D = D / Y = Y = 001	
-				

Schedule E)	JENT EXTEND	HONES	PAGE 7 OF FOR SE OF FORM 2	63 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	BER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemin	nation
James Kindstedt			09 12 / Y Y	14
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		32.50
Winston Salem	NC	27105	Transaction ID : fe8f9ea6-06fc-450 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	M M / D D / Y Y	14 Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President X Senate State:	NC
Calendar Year-To-Date Per Election for Office Sought	7	302612.99	Disbursement For: ☐ Primary	General
Full Name of Payee			Date of Public Distribution/Dissemi	nation
James Kindstedt				14
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		7.83
Winston Salem	NC	27105	Transaction ID: 6156c21a-ab78-42 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 12 / Y 20	14
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		Oppose	President State:	
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: Primary 2014	General
(a) SUBTOTAL of Itemized Independent Exper	nditures		40.	33
			7 7	
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•				

Sc	chedule E)		PAGE 8 OF 63 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends	s report	filed on M M M / D D / Y Y Y Y Y
	Full Name of Payee		Date of Public Distribution/Dissemination
	Joanna Kindstedt		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2134 Tobaccoville Rd		Amount
	City State Zip Code		32.50
	Rural Hall NC 27045		Transaction ID : a4b339a9-f1b9-4926-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Suppo	ort	Office Sought: House District: 00
	Ms. Kay Hagan Oppos		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 302612.99		oisbursement For: Primary General O14 Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	William M Goldsmith		09 12 2014
1	Mailing Address 211 Pearl St		00 12 201.
			Amount
١	City State Zip Code		65.00
	Drexel NC 28619		Transaction ID : 2859e6b5-c699-404b-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	09 / 12 / Y Y Y Y Y
	Name of Federal Candidate Suppo	ort	Office Sought: House District: 00
	Ms. Kay Hagan Oppos	ose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 302612.99		Oisbursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures)	97.50
	(b) SUBTOTAL of Unitemized Independent Expenditures)	
	(c) TOTAL Independent Expenditures)	7
١	Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	Date	09 14 2014
	Signature		

Schedule E)	ENDERT EXTEND	101120		PAGE 9 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour r	report New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
William M Goldsmith			M M M 09	/ 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 211 Pearl St			Amount	
City	State	Zip Code		21.63
Drexel	NC	28619		ID: 5d200c8c-3332-4782-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	302612.99	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Lorri Anderson			M = M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr				12 2011
·			Amount	
City	State	Zip Code		20.00
Charlotte	NC	23215	Transaction I Date of Disb	D: 1fd1b453-9110-48c3-a oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent E	Expenditures		•	41.63
(b) SUBTOTAL of Unitemized Independen	nt Expenditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 14	2014
Signature		_		

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Lorri Anderson	09 12 2014
Mailing Address 7214 Duchamp Dr	ount
City State Zip Code	12.90
Charlotte NC 23215 Tra	Insaction ID : 9226eac4-b215-428a-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District:00
Mc Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Regina R Mouton Mailing Address 5827 Brighton PI	te of Public Distribution/Dissemination
	nount
City State Zip Code	30.00
	nsaction ID: ec80c321-3cb6-42e1-9 te of Disbursement or Obligation
Salary Category/ Type 001	09 / 12 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Mary L Landrieu Oppose Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	42.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	/ 14 2014
Signature	

PAGE 10

OF

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Schedule E)	PAGE 11 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report X New report Amend	ds report filed on
	is report med on
Full Name of Payee Regina R Mouton	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5827 Brighton PI	Amount
City State Zip Code	9.00
New Orleans LA 70131	Transaction ID : 7fc5d73f-5cbb-4129-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 09 / 12 / 2014
Name of Federal Candidate Sup	port Office Sought: House District: 00
Ms. Mary L Landrieu Opp	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 115862.14	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Adena V Smith	Date of Public Distribution/Dissemination
Mailing Address 450 Judson Dr	09 12 2014 Amount
City State Zip Code	40.00
Wake Forest NC 27587	Transaction ID: 8230b301-cd64-406e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 09 / 12 / 2014
Name of Federal Candidate Sup	pport Office Sought: House District: 00
Ms. Kay Hagan Opp	
Calendar Year-To-Date Per Election for Office Sought 302612.99	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	49.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 14 2014
Signature	

Schedule E)	INT EXI END	TIONES		PAGE 12 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Adena V Smith				Distribution/Dissemination
Mailing Address 450 Judson Dr			09	12 / 2014
450 Judson Dr			Amount	
City	State	Zip Code		10.20
Wake Forest	NC	27587		D: 4912a422-c3cc-4ee0-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: 2014 Other (spe	Primary ☐ General
Full Name of Payee			Date of Public	: Distribution/Dissemination
Brenda L McCune			M M / 09	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1254 Fleming St Apt 6			Amount	12 2014
			Amount	
City	State	Zip Code		15.00
Conway Durage of Evaporditure	AR	72032		: 1b7c001d-2554-4b1c-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	12 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89326.08	Disbursement For: 2014 Other (spe	Primary X General ecify) ►
-				
(a) SUBTOTAL of Itemized Independent Expendit	ures)	25.20
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or it	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 14	2014
3. 3				

Schedule E)	DEFENDENT EXPEND	ATONES	PAGE 13 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-l	nour report New rep	port Amends repo	rt filed on
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St A	pt 6		09 12 2014 Amount
City	State	Zip Code	12.60
Conway	AR	72032	Transaction ID : 43e98bea-6b12-4473-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	89326.08	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Laura U Logie			09 12 2014
Mailing Address 2565 Shire Circle	9		Amount
City	State	Zip Code	20.00
Harrisonburg	VA	22801	Transaction ID : 26fb286c-6ba9-426d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 12 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	dent Expenditures		32.60
(b) SUBTOTAL of Unitemized Indep	endent Expenditures		
	·		7 7 7
(c) TOTAL Independent Expenditure	S		>
	of, any candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 14 2014
-			

Sch	nedule E)	VI 10.100.					PAGE 14 OF 63 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC						C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	
	Full Name of Payee Sandra L Clarke				Da	ate of Public	C Distribution/Dissemination
	Mailing Address 1254 Fleming St Apt 6					09	12 2014
	120 1				Ar	nount	
	City Stat	ie	Zip Code			1 1 0	25.00
L	Conway	₹	72032				ID: 2e05d069-cd11-4ada-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			09	12 2014
1	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Mr. Mark L Pryor			Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		89326.08		Disburser 2014	ment For: Other (sp	Primary
	Full Name of Payee				Da	ate of Public	c Distribution/Dissemination
	Joseph R Rys					M = M /	/ 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 160 #50 Pompano Dr						12 2011
	•				Ar	mount	
(City Stat	te	Zip Code				45.00
	New Bern NC	3	28560		Tra Da	nsaction II ate of Disbu	D: 3b336130-ba48-48d4-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			09	12 / 2014
Ī	Name of Federal Candidate			Support	Office Sc	ought:	House District:00
	Ms. Kay Hagan		X	Oppose	Pre	esident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		302612.9	19	Disburser 2014	ment For: Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures				•	·	70.00
(b	b) SUBTOTAL of Uniternized Independent Expenditures						
1-	\$ 						
(C	c) TOTAL Independent Expenditures				▶	7	
wi	nder penalty of perjury I certify that the independent ex ith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ DID 14	/ Y Y Y Y Y Y 2014
	Signature		_				

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
	eck if 24-hour report X 48-hour report New report Amends report filed		- M	/ D D /	Y Y Y Y Y
\Box	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Joseph R Rys	М	09 ^M	/ D D /	2014
	Mailing Address 160 #50 Pompano Dr	Amou	nt		
	City State Zip Code				5.73
	New Bern NC 28560			ID: 7dffe85coursement or C	-c4e7-41ca-b
	Purpose of Expenditure Mileage Category/ Type 002		09	12	2014
	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursemen		Primary specify) ▶	General
ŀ	Full Name of Payee			blic Distribution	/Dissemination
	Matt M Clarke	_	01 Pub	/ Distribution,	2014
	Mailing Address 1254 Fleming St Apt 6	Amou		14	2014
	City State Zip Code				25.00
	Conway AR 72032			ID: c9849c7d	
	Purpose of Expenditure Salary Category/ Type 001	M	09 ^M	12	2014
	Name of Federal Candidate Support Office	L e Sough	ıt:	House	District: 00
		Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				30.73
١	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 0	M /	14	D / Y Y 201	4
	Signature				
_		٠		ν	

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OF

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<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	ate of Public Distribution/Dissemination
Matt M Clarke	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1254 Fleming St Apt 6	mount
City State Zip Code	12.00
Conway AR 72032 Tr.	ransaction ID: 4c71c64a-42b6-4793-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 12 / 2014
Name of Federal Candidate Support Office So	ought: House District:00
Mr. Mark I. Prior	esident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
	ate of Public Distribution/Dissemination
Cecilla A Rebrick	09 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5003 Allison Lane	mount
City State Zip Code	40.00
	ansaction ID : eaf29495-a6fa-4c93-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 09 / D D / Y Y Y Y Y 12 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Mr. Mark L Pryor Oppose Pre	esident State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	52.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	14 2014
Signature	

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OF

63

Schedule E)	PAGE 17 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M - M / D - D / Y - Y - Y - Y
Check if 24-hour report 48-hour report New report Amends re	eport filed on
Full Name of Payee Cecilla A Rebrick	Date of Public Distribution/Dissemination
Mailing Address 5003 Allison Lane	09 12 2014
	Amount
City State Zip Code	1.50
Ft. Smith AR 72901	Transaction ID: 6d43a643-e2ed-482c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 00	02 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Lisa Booth	09 12 2014
Mailing Address 1434 South Avenue	
	Amount
City State Zip Code	100.00
Eden NC 27288	Transaction ID : f4b534d9-31a7-46b0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 00	01 09 / 12 / 2014
Name of Federal Candidate Support	t Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 302612.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	101.50
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >
(1) TOTAL Independent Françoisitemes	
(c) TOTAL Independent Expenditures	·····•
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agen party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Pate 09 14 2014
Signature	

Sch	edule E)	L/(1 L.(12.	101120				PAGE 18 OF 63 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					С	C00530766
Chec	ek if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	rt filed on	- M /	D = D / Y = Y = Y
	Full Name of Payee Lisa Booth					of Public	C Distribution/Dissemination
N	Mailing Address 1434 South Avenue				Amou	09	12 2014
	NL.	01-1-	Zin Oada				1440
- 1	City : Eden	State NC	Zip Code 27288				D: d3176dd7-8c4b-4da3-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Name of Federal Candidate		Su	ıpport	Office Sough	t:	House District: 00
	Ms. Kay Hagan			opose	Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	302612.99		Disbursemen 2014	t For: ther (sp	Primary
F	Full Name of Payee Ralph Smith					of Public	Distribution/Dissemination
N	Mailing Address 2090 Fancy Gap Rd				Amou	nt	
	Dity	State	Zip Code				40.00
	Mt. Airy	NC	27030		Transa Date	of Disbu	D: ea339b11-039e-4aa9-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	12 / 2014
١	Name of Federal Candidate		Sı	upport	Office Sough	nt:	House District: 00
	Ms. Kay Hagan		X Op	opose	Presid	ent \sum	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		302612.99		Disbursemer 2014		Primary X General Decify) ▶
(a)) SUBTOTAL of Itemized Independent Expenditures.				•		54.40
(b) SUBTOTAL of Unitemized Independent Expenditure	es			. •		1 1 2 1 2 1
(c)) TOTAL Independent Expenditures				· [7
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	14	2014
	Signature						

Schedule E)	IDENT EXTEND	ITOTILO	PAGE 19 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			09 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	24.84
Mt. Airy	NC	27030	Transaction ID : 91702e0a-b0f7-41b8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 12 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	302612.99	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tammay Williams			09 12 2014
Mailing Address 924 N. Prieur St			Amount
City	State	Zip Code	80.00
New Orleans	LA	70116	Transaction ID : f0f0408d-eaee-4ca9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	115862.14	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		104.84
(1) OUDTOTAL (11)			
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•
(c) TOTAL Independent Expenditures			>
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 14 2014
- 9			

Sch	nedule E)	.XI LIVDI	TOTILO				PAGE 20 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	✓ New repo	ort Am	nends repo	ort filed on	M = M	/ D = D / Y = Y = Y
T	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
	Tammay Williams					M M M 09	/ 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
[Mailing Address 924 N. Prieur St				Amo	ount	
	City Sta	ate	Zip Code				15.00
	New Orleans L	_A	70116				ID: d3362e44-5b2d-47a5-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type		$\exists \mid \exists$	09	12 / 2014
Ī	Name of Federal Candidate			Support	Office Sou	aht:	House District: 00
	Ms. Mary L Landrieu			Oppose	Presi	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	115862.14		Disburseme 2014	ent For: Other (sp	Primary ☐ General Decify) ▶
	Full Name of Payee				Date	e of Publi	ic Distribution/Dissemination
	Nathan S Shaw					M M M	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Mailing Address 5726 NC Hwy 66 S					09	12 2017
	3.,				Amo	ount	
-	City Sta	ate	Zip Code				25.00
	9	NC	27021		Tran Date	saction II	D : a2c0e3d0-8d56-469b-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			M 09	12 2014
Ì	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Kay Hagan		X	Oppose	Pres	ident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		302612.9	9	Disburseme 2014	ent For: Other (s _l	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures				· •	- 7	40.00
(k	b) SUBTOTAL of Unitemized Independent Expenditures	·			. •	-	
(0	c) TOTAL Independent Expenditures				•	7	1 1 7 1 1 7 1
W	nder penalty of perjury I certify that the independent e ith, or at the request or suggestion of, any candidate o arty committee) any political party committee or its ager	r authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	, 09	14	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	PAGE 21 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee Nathan S Shaw	Date of Public Distribution/Dissemination
Mailing Address 5726 NC Hwy 66 S	09 12 2014
	Amount
City State Zip Code	12.30
	Transaction ID : fcfb7c02-74f1-4e47-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
	Date of Public Distribution/Dissemination
Antoinette Franklin	09 12 2014
Mailing Address 8822 Apple St	Amount
Ctata Zin Code	65.00
City State Zip Code New Orleans LA 70188 Ti	65.00 ransaction ID : 50efb97d-b43a-4d61-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Mc Many Llandriou	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	77.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	14 2014
Signature	

Schedule E)	IN EXILIN	DITONES	PAGE 22 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Wilson			09 / 12 / 2014
Mailing Address 907 Randall Drive			Amount
City	State	Zip Code	40.00
Searcy	AR	72149	Transaction ID : 7a776678-4e71-444d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89326.08	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Wilson			09 / 12 / 2014
Mailing Address 907 Randall Drive			Amount
City	State	Zip Code	35.70
Searcy	AR	72149	Transaction ID: 85af79b2-c7d9-4bbf-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89326.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		75.70
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures)
(c) TOTAL Independent Expenditures			
	lidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 09 14 2014
-			

Schedule E)	DENT EXICIO	ITORES	PAGE 23 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Beau Autin			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 345 Auroura Ave			Amount
City	State	Zip Code	65.00
Metairie	LA	70006	Transaction ID : d62cf21a-32f5-4172-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		115862.14	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Beau Autin			09 12 7 2014
Mailing Address 345 Auroura Ave			Amount
City	State	Zip Code	7.11
Metairie	LA	70006	Transaction ID : ec2dc935-f6d3-4a15-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 12 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		115862.14	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		72.11
			77- 77- 77-
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	I EXI END	HONLO		PAGE 24 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Theresa a Youngblood				of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2			Amou	09 12 2014 unt
City	State	Zip Code		70.00
Berryville	VA	22611		saction ID : e4fe1470-c656-4466-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan		Oppose	Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	302612.99	Disbursemer 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Virginia M Stevens				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1691 Fork Mtn Rd				12 2011
			Amou	unt
City	State	Zip Code	П Г.	70.00
Bakersville	NC	28705		action ID: 988b23f8-40bb-4e0a-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 7	302612.99	Disbursemen 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		·· •	140.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		·· •	1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures			·- >	1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09	14 2014
Signature				

Schedule E)		1101120		PAGE 25 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Virginia M Stevens			M = M	olic Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd			Amount	12 2014
City	State	Zip Code		33.60
Bakersville	NC	28705		n ID : d88d6f23-ee9a-4ad2-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ►
Full Name of Payee Malinda Ledford Mailing Address 44 Bell Street Ext			Date of Pub	olic Distribution/Dissemination
- 44 Boll Groot Ext			Amount	
City Spruce Pine	State NC	Zip Code 28777	Transaction	70.00 ID: 7a7b6798-c8af-4371-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		•	103.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		2014
Signature				

Schedule E)	1 =/(1 = (1 =)			PAGE 26 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Malinda Ledford			M = N	
Mailing Address 44 Bell Street Ext			Amount	12 2014
City	State	Zip Code		33.60
Spruce Pine	NC	28777		on ID : d5b09e43-f796-487f-9 bisbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement Fo	or: Primary X General r (specify) ▶
Full Name of Payee Carol L Walters			Date of F	Public Distribution/Dissemination
Mailing Address 1900 Glen West Way			Amount	
City	State	Zip Code		75.00
Fort Smith	AR	72916	Transaction Date of D	on ID : 6883bc6d-3351-4709-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	77	89326.08	Disbursement For 2014 Other	or: Primary X General r (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	/S		.	108.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	47
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 /	14 2014
Signature				

Schedule E)	DENT EXTEN	JII OI LEO	PAGE 27 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carol L Walters			09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1900 Glen West Way			Amount
City	State	Zip Code	4.20
Fort Smith	AR	72916	Transaction ID : aac75037-d5ba-448b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	,,,,,	89326.08	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Edward N Walker			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3 Girard St			Amount
City	State	Zip Code	40.00
Ft Smith	AR	72901	Transaction ID : f252ee65-f9f0-41e4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		89326.08	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		44.20
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9			

Schedule E)					PAGE 28 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amend	ls report	filed on/	D = D / Y = Y = Y
Full Name of Payee Edward N Walker				M = M /	Distribution/Dissemination
Mailing Address 3 Girard St				Amount	12 2014
City		Zin Codo			40.00
1 '	tate AR	Zip Code 72901			12.60 D : 7f5043b7-980e-492c-8 irsement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	09 /	12 2014
Name of Federal Candidate		Supp	port	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppo			Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89326.08		Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Sue G Walker				M = M	c Distribution/Dissemination
Mailing Address 3 Girard				09 Amount	12 2014
City	tate	Zip Code			60.00
Fort Smith	AR	72901			D: f74d3d30-a0ce-4a2f-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	09	12 / 2014
Name of Federal Candidate		Supp	port	Office Sought:	House District:00
Mr. Mark L Pryor		X Opp			Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89326.08		Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				·	72.60
(b) SUBTOTAL of Unitemized Independent Expenditures	3			.	
(c) TOTAL Independent Expenditures				•	7 7
Under penalty of perjury I certify that the independent exists, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized				
Ms. Emily Buchanan Signature	[Electroni	cally Filed]	Date	09 / 14	2014

Schedule E)	VI EXI ENE	TI OTILO	PAGE 29 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination
Mailing Address 3 Girard			09 12 2014
			Amount
City	State	Zip Code	13.20
Fort Smith	AR	72901	Transaction ID: 9715ce25-3ad5-4923-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	89326.08	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Kenny Wallis			09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6412 Osage Dr			Amount
City	State	Zip Code	35.00
North Little rock	AR	72116	Transaction ID : d17f56d7-745f-4a22-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	89326.08	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		48.20
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		
			7 7
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 14 2014
5.g.iataro			

Schedule E)	= /(1 =			PAGE 30 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee Kenny Wallis			M	f Public Distribution/Dissemination
Mailing Address 6412 Osage Dr			Amoun	09 12 2014 t
City	State	Zip Code		9.24
North Little rock	AR	72116		ction ID : f05aa574-7bef-4d89-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		89326.08	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Virginia T Grant Mailing Address 134 Shore Crest Circle			M	f Public Distribution/Dissemination
City	State	Zip Code	-	20.00
Carrire	MS	39426	Transac Date of	tion ID : c438ec21-b0c0-4cce-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 / 12 / 2014
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		115862.14	Disbursement 2014 Otl	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures.			>	29.24
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures	<u> </u>		· •	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / / 09	14 2014
Signature				

Sch	edule E)	EXI EIID	1101120		PAGE 31 OF 63 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Check	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Virginia T Grant			M	f Public Distribution/Dissemination
M	Mailing Address 134 Shore Crest Circle			Amoun	09 12 2014 nt
	Dity	State	Zip Code		7.20
	Carrire	MS	39426		action ID: df7066f8-5984-4964-a f Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	М	09 / 12 / 2014
N	Name of Federal Candidate		Support	Office Sought	: House District: 00
N	Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	115862.14	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
	Full Name of Payee Phillip Williams			M	of Public Distribution/Dissemination
M	Mailing Address 3007 Darden Rd			Amour	nt
С	Dity	State	Zip Code		62.50
	Greensboro	NC	27407	Transac Date o	ction ID: 1ab6190a-6fa9-46a8-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 12 / 2014
N	Name of Federal Candidate		Support	Office Sought	t: House District: 00
N	Ms. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement 2014 Ot	t For: Primary
(a)) SUBTOTAL of Itemized Independent Expenditures	S			69.70
(b)) SUBTOTAL of Unitemized Independent Expenditu	ıres			7 1 7 1 7
(c)) TOTAL Independent Expenditures			· ·	
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09 /	14 2014
	Signature				

Schedule E)	INT EXICID	ITORES	PAGE 32 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			09 12 2014 Amount
Cit.	Ctoto	Zin Codo	31.20
City Greensboro	State NC	Zip Code 27407	Transaction ID : c4180da8-07ca-4e30-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	302612.99	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			09 12 2014 Amount
City	State	Zip Code	62.50
Greensboro	NC	27407	Transaction ID : 9854e073-25d1-4c5d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	302612.99	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		93.70
(b) SUBTOTAL of Unitemized Independent Exper	ditures		
(a) TOTAL Independent Europeditures			
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized		
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 14 2014
Signature			

Schedule E)				PAGE 33 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-ho	our report New repo	ort Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee Chad E Day			Date of Public	C Distribution/Dissemination
Mailing Address 168 Emerald Hill			Mount	12 2014
2"	0.1.			447.50
City Forest City	State NC	Zip Code 28043		117.50 D: b7b340bf-19bd-4f86-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbu	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	302612.99	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Joneisha Stewart			Date of Publi	c Distribution/Dissemination
Mailing Address 2329 Runnymede	Dr		Amount	
City	State	Zip Code		60.00
Marrero	LA	70072	Transaction II Date of Disbu	D: cc3ab236-0cf0-41d4-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	12 7 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		115862.14	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent	ent Expenditures		. •	177.50
(b) SUBTOTAL of Unitemized Independent	ndent Expenditures		. •	
(c) TOTAL Independent Expenditures			•	75
Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 14	2014
Signature				

Scl	hedule E)		PAGE 34 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	F	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report	filed on	M / D D / Y T Y T Y
Т	Full Name of Payee	Date of	f Public Distribution/Dissemination
	Daniel E Collison	M	09 12 2014
	Mailing Address 3315 Cardinal Ridge Rd	Amoun	t
ŀ	City State Zip Code		50.00
	Greensboro NC 27410		ction ID : c2b366d5-8901-4966-9 f Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support C	Office Sought:	: House District: 00
	Ms. Kay Hagan Oppose	Presider	nt Senate State: NC
	Odichdal Teal to Date	Disbursement 2014 Oth	For: Primary X General her (specify) ►
Γ	Full Name of Payee	Date of	f Public Distribution/Dissemination
١	Daniel E Collison		09 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 3315 Cardinal Ridge Rd	_ L	09 12 2014
١	3	Amoun	ıt
ŀ	City State Zip Code		27.30
	Greensboro NC 27410	Transac Date of	ction ID : 36c1b79d-f5cb-4744-9 f Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002		09 / 12 / Y Y Y Y Y
ľ	Name of Federal Candidate Support C	Office Sought:	: House District: 00
	Ms. Kay Hagan Oppose	Preside	
		Disbursement 2014 Otl	For: Primary X General her (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	<u> </u>	77.30
((b) SUBTOTAL of Unitemized Independent Expenditures	· [
((c) TOTAL Independent Expenditures	· [.	7 7 7
W	Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exarty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	M M M /	14 2014
	Signature		

Sc	chedule E)		PAGE 35 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New report Amend	ds repor	rt filed on
T	Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination
-	Mailing Address 4006 Wolkswalk Place		09
ŀ	City State Zip Code		23.00
	Raleigh NC 27610		Transaction ID : 5f1d1290-4efc-4878-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Sup	pport	Office Sought: House District: 00
	Ma Karallana	pose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 302612.99		Disbursement For:
	Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination M M M O D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
	Mailing Address 4006 Wolkswalk Place		Amount
ľ	City State Zip Code		7.50
	Raleigh NC 27610		Transaction ID: 122c21e8-5eab-425c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002	09 / D D / Y Y Y Y Y Y
		pport	Office Sought: House District: 00
	Ms. Kay Hagan	pose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 302612.99		Disbursement For:
((a) SUBTOTAL of Itemized Independent Expenditures		30.50
((b) SUBTOTAL of Unitemized Independent Expenditures		•
((c) TOTAL Independent Expenditures		>
٧	Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	Date	09 14 2014
	Signature		

Schedule E)	LIVI EXI END	HONES	PAGE 36 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Timothy Foley			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace			Amount
City	State	Zip Code	50.00
Sterling	VA	20165	Transaction ID : 32ef6d3c-958e-4c16-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	302612.99	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			09 12 7 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	55.00
Ville Platte	LA	70586	Transaction ID : 089f10fe-51b5-4d90-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		115862.14	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		105.00
/b) CURTOTAL of Unitemized Independent Fundament	an ditura a		
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(c) TOTAL Independent Expenditures			•
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	JENT EXTEND	ITORES	PAGE 37 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			09 12 7 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	37.20
Ville Platte	LA	70586	Transaction ID : 7f71e4be-eee0-4e2c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		115862.14	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	100.00
Raleigh	NC	27604	Transaction ID : 26852ccc-462d-4b0c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Exper	nditures		. 137.20
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		· >
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09
=			

Schedule E)	EXI END	TI OTILO		PAGE 38 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
	Z New lop	, and the second second	Tr mod on	
Full Name of Payee Lee R Carter			Date of Pu	ablic Distribution/Dissemination
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		21.30
Raleigh	NC	27604		on ID: 53d9bb1f-8ad8-4504-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For 2014 Other	r:
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Francis Richardson			M M M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd				
			Amount	
City	State	Zip Code		27.00
Lafayette	LA	70503	Transaction Date of Di	n ID : d13ba430-8334-438c-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	12 Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		115862.14	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		· •	48.30
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	77
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D = 09 1.	4 2014
Signature				

Scl	hedule E)		1101120		PAGE 39 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report Ne	w repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee Francis Richardson			Da	ate of Public Distribution/Dissemination
-	Mailing Address 220 Doucet Rd				09 / 12 / 2014
				Ar	mount
Ī	City State		Zip Code		3.03
	Lafayette LA		70503		ransaction ID : 6d41bc9a-6960-47c8-8 ate of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office Sc	ought: House District: 00
	Ms. Mary L Landrieu		X Oppose		esident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	115862.14	Disburser 2014	ement For: Primary
	Full Name of Payee David Ford			D	Date of Public Distribution/Dissemination
-	AA 10 Addissed				09 12 2014
	Mailing Address 106 Hillside St			A	mount
ŀ	City State		Zip Code		130.00
	Spindale NC		28160		ansaction ID: 8eefa4a5-3f47-4f3c-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 12 / 2014
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Kay Hagan		Oppose	Pre	resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		302612.99	Disburse 2014	ement For: Primary
(;	a) SUBTOTAL of Itemized Independent Expenditures				133.03
•	·, · · · ·				
(b) SUBTOTAL of Unitemized Independent Expenditures			·· •	7 7
(c) TOTAL Independent Expenditures			•	1 7 1 7 1 7
W	Under penalty of perjury I certify that the independent expending vith, or at the request or suggestion of, any candidate or authoraty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [El	lectron	ically Filed] Date	9 09	14 2014
	Signature		_		

Schedule E)	0	VI =/(. =.(.)	1101120		PAGE FOR	E 40 OF 63 SE OF FORM 24/48
NAME OF COMMITTEE (In						ICATION NUMBER ▼
Women Speak Out	PAC				C C0053	
Check if 24-hour report	X 48-hour report	New rep	port Amends re	eport filed on	M = M / D =	D / Y = Y = Y
Full Name of Payee David Ford				Da		bution/Dissemination
Mailing Address 106 Hills	side St				09 / 1:	
				Ar	nount	
City		State	Zip Code			49.47
Spindale		NC	28160		ansaction ID : 628 ate of Disburseme	815c1a-470e-4ae6-8 nt or Obligation
Purpose of Expenditure Mileage			Category/ Type 00	02	09 / 1	2 2014
Name of Federal Candida	ate		Support	Office So	ught: Hou	use District: 00
Ms. Kay Hagan			X Oppose		sident Ser	
Calendar Year-To-Da Per Election for Office			302612.99	Disburser 2014	nent For: F	Primary X General
Full Name of Payee				Da	ate of Public Distri	ibution/Dissemination
Stephanie L Heun						2 / Y Y Y Y Y Y Y Y
Mailing Address 8026	S Wilwood Dr Apt 101			Aı	mount	
City		State	Zip Code	—— Г		50.00
Oak Creek		WI	53154	Tra Da	nsaction ID : 976 ate of Disburseme	adbcb-6968-42e2-a
Purpose of Expenditure Salary			Category/ Type 00	-	M = M / D	2 / 2014
Name of Federal Candid	ate		Support	Office Sc	ught: Hou	use District: 00
Ms. Kay Hagan			X Oppose	Pre	esident Ser	
Calendar Year-To-Da Per Election for Offi		7	302612.99	Disburse 2014	ment For: F	Primary ∑ General ▶
(a) SUBTOTAL of Itemize	d Independent Expenditu	res				99.47
(b) SUBTOTAL of Unitem	ized Independent Expend	litures				
						4
(c) TOTAL Independent E	xpenditures			····· >	7	4
Under penalty of perjury I with, or at the request or party committee) any politi	suggestion of, any candid	late or authorized				
Ms. Emily Buc	hanan	[Electron	nically Filed]	ate 09	/ 14	2014
Signature			_			

Schedule E)	VI EXI END	TIONES	<u> </u>	PAGE 41 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Bradley K Kissinger			M - M /	Distribution/Dissemination
Mailing Address 3113 Imperial Valley Dr.			09 Amount	12 2014
C:to.	Ctoto	Zin Codo		20.00
City Little Rock	State AR	Zip Code 72212		20.00 2: 623c3902-d910-4262-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7 7	89326.08	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Bradley K Kissinger	_		M = M /	Distribution/Dissemination
Mailing Address 3113 Imperial Valley Dr.			09 Amount	12 2014
City	State	Zip Code		16.20
Little Rock	AR	72212		: 4b01e577-fdba-49d5-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	89326.08	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			36.20
(b) SUBTOTAL of Unitemized Independent Expendent	litures			
(a) TOTAL ladarandant Funanditura				1 1 2 1 2 1
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 14	2014
Olynature				

Schedule E)	DENT EXPEND	TIONES	PAGE 42 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Nicole N Ball			Date of Public Distribution/Dissemination
Mailing Address 2528 Mill Creek Rd			09 12 2014 Amount
City	State	Zip Code	15.00
Newport	NC	28570	Transaction ID : d1f4d93b-42d4-443f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 12 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Nicole N Ball			09 / 12 / Y Y Y Y Y Y
Mailing Address 2528 Mill Creek Rd			Amount
City	State	Zip Code	10.80
Newport	NC	28570	Transaction ID : bf02033f-3f08-4fb5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Exper	iditures		. ▶ 25.80
(b) SUBTOTAL of Unitermized Independent Exp	enditures		. •
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 14 / 2014

Sch	edule E)	EXI END	TOTILO		PAGE 43 OF 63 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Check	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
T _F	Full Name of Payee			Date	of Public Distribution/Dissemination
L	Lucas H Hoyle				09 12 2014
M	Mailing Address 282 Falls Ave			Amou	unt
С	Dity	State	Zip Code		30.00
	Granite Falls	NC	28630		saction ID : 1d1ca8a3-3843-4d11-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Support	Office Sough	ht: House District: 00
N	Ms. Kay Hagan		Oppose	Presid	NO.
	Calendar Year-To-Date Per Election for Office Sought	3	302612.99	Disbursemer 2014	nt For: Primary
	Full Name of Payee Lucas H Hoyle				of Public Distribution/Dissemination
N	Mailing Address 282 Falls Ave			Amou	09 12 2014
				Allio	unt
С	Dity	State	Zip Code	ПL.	16.20
	Granite Falls	NC	28630		saction ID: 923a0a8d-7df4-49e7-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 / D D / 2014
N	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	Ms. Kay Hagan		Oppose	Presid	,
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	302612.99	Disburseme 2014	ent For: Primary
(a)) SUBTOTAL of Itemized Independent Expenditures	š			46.20
(b)	CURTOTAL of Unitersity of Independent Expanditu	_			
(D)) SUBTOTAL of Unitemized Independent Expenditure	res		·· •	7 7 7
(c)) TOTAL Independent Expenditures			. •	7 1 7 1 7 1
witl	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	14 2014
	Signature		_		

Schedule E)		JEIII E	1101120		PAGE 44 OF 63 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
				M	-M / D D / Y - Y - Y
	4-hour report X 48-hour repor	t X New rep	ort Amends repo	ort filed on	
Full Name (David N	of Payee ∕I Bozeman			М	of Public Distribution/Dissemination
Mailing Add	ress 768 Pine Haven Drive			Amour	
City		State	Zip Code		22.50
Fayetteville	3	NC	28306		action ID : c5bb3bbe-be9e-4f2c-b of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001		09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fe	ederal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Ha	agan		Oppose	Preside	NC NC
	lar Year-To-Date ection for Office Sought	3	302612.99	Disbursement 2014 Ot	t For: Primary X General cher (specify) ▶
Full Name David M	of Payee I Bozeman			_	of Public Distribution/Dissemination
Mailing Add	lress 768 Pine Haven Drive			. L	09 12 2014
				Amoui	nt
City		State	Zip Code		3.00
Fayetteville	Expenditure	NC	28306	Transa Date of	ction ID: 9919242b-21d1-4201-8 of Disbursement or Obligation
Mileage	Expenditure		Category/ Type 002	M	09 / 12 / 2014
Name of Fo	ederal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Ha	agan		Oppose	Preside	
	dar Year-To-Date ection for Office Sought		302612.99	Disbursemen 2014 O	t For:
(a) SUBTOT	AL of Itemized Independent Expe	nditurae			25.50
(a) 30D10.	AL OF REMIZED INDEPONDENT EXPO	Iditules		• -	20.00
(b) SUBTOT	AL of Unitemized Independent Ex	penditures		. •	7 7
(c) TOTAL	ndependent Expenditures			•	7
with, or at th		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	14 2014
Signature			_		

Schedule E)	DENT EXTEND	TOTILO	<u> </u>	PAGE 45 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	t New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Ashley n Thompson			09	12 / 2014
Mailing Address 272 Westgate Ct Apt 6			Amount	
City	State	Zip Code		12.10
Lexington	NC	27295		: 3f06ac09-cc0f-40b6-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	3	802612.99	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ashley n Thompson			09 /	12 2014
Mailing Address 272 Westgate Ct Apt 6			Amount	
City	State	Zip Code		3.60
Lexington	NC	27295		f46815dc-69dd-485f-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures			15.70
			7	7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 14	2014
5.g. (a.a.)				

Schedule E)	DENT EXTEND	ITOTILO	PA(FO	GE 46 OF 63 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	t filed on	* D / Y * Y * Y * Y
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Randy G Lookabill			09 / D	12 / 2014
Mailing Address 200 Carawood Lane			Amount	
City	State	Zip Code		12.10
Lexington	NC	27295	Transaction ID : 9 Date of Disbursen	Ofcc424c-efbd-4092-b nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Kay Hagan		X Oppose	President X S	enate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	302612.99	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Cynthia Stewart			M M / D	12 2014
Mailing Address 3001 Pendell Lane			Amount	
City	State	Zip Code		50.00
Ft. Smith	AR	72901	Transaction ID : bate of Disburser	ae6a786-ff94-4ee1-9 nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Mr. Mark L Pryor		X Oppose	President X S	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		89326.08	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expe	enditures			62.10
			7	4
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		>	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 14	2014
-				

Schedule E)		PAGE 47 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	ort Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Cynthia Stewart		09 12 2014
Mailing Address 3001 Pendell Lane		Amount
City State	Zip Code	6.60
Ft. Smith AR	72901	Transaction ID : 5241491b-fb5c-450a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	89326.08 Disl 201	bursement For: Primary
Full Name of Payee	·	Date of Public Distribution/Dissemination
Vonniqua Jackson		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Westchester Blvd		Amount
Apt D4 City State	Zip Code	50.00
Slidell LA	70458	Transaction ID : 8ecf612a-ccd9-47fd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	115862.14 Dis 201	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		56.60
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	ically Filed] Date	09 14 2014
Signature		

Scl	hedule E)			PAGE 48 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		С	C00530766
Che	ck if 24-hour report X 48-hour report New report	Amends repor	t filed on	/ D = D / Y = Y = Y
Т	Full Name of Payee		Date of Pu	blic Distribution/Dissemination
	Brooke A Gilham		09	12 2014
	Mailing Address 168 Graduate Lane Apt 324		Amount	
ŀ	City State Zip	Code		85.00
		607		on ID: f8124f68-1360-4640-9 sbursement or Obligation
	Purpose of Expenditure Salary Ca	ategory/ Type 001	M M M	/ 12 / 2014
ŀ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 3026	512.99	Disbursement For 2014 Other	: Primary
ı	Full Name of Payee		Date of Pu	iblic Distribution/Dissemination
1	Brooke A Gilham		M	/ D D / Y Y Y Y Y
ŀ	Mailing Address 168 Graduate Lane Apt 324		09	12 2014
	100 0/100010 20110 / pt 02 1		Amount	
ľ	City State Zip	Code		35.70
		3607	Transaction Date of Di	n ID : 14c03e07-ac5f-48ac-b sbursement or Obligation
	Purpose of Expenditure Mileage Ca	ategory/ Type 002	09	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ι	Name of Federal Candidate	Support	Office Sought:	House District:00
L	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 3	302612.99	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(6	a) SUBTOTAL of Itemized Independent Expenditures)	120.70
(1	b) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 4 1 4 1
(0	c) TOTAL Independent Expenditures		.	7
W	Under penalty of perjury I certify that the independent expenditures reported, ith, or at the request or suggestion of, any candidate or authorized contact arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically	ly Filed] Date	M M / D 1	4 2014
	Signature	2410		

Schedule E)	LINDITOTILO	PAGE 49 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report Ne	ew report Amends report fi	iled on Mam / Dab / Yayayay
Full Name of Payee Thomas Dias		Date of Public Distribution/Dissemination
Mailing Address 110 Maryella Dr		09 12 2014 Amount
City State	Zip Code	40.00
Searcy AR	72143	Transaction ID : f53f3424-23f3-4557-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Thomas Dias		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Maryella Dr		Amount
City State	Zip Code	47.10
Searcy AR	72143	Transaction ID : a48fb207-4812-4948-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		87.10
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expension with, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.		
	Electronically Filed] Date	09 14 2014
Signature		

Schedule E)	PAGE 50 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fi	led on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
James W Blevins	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 108 East Clinton St	Amount
PO Box 410	
City State Zip Code	30.00
Salemburg NC 28385	Transaction ID: 3f797546-85ea-4eb5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calcinati Total To Bato	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
James W Blevins	09 12 / 2014
Mailing Address 108 East Clinton St	Amount
PO Box 410	, undust
City State Zip Code	10.11
Salemburg NC 28385 Purpose of Expenditure	Transaction ID : 3d9bbf98-3a97-4d7f-b Date of Disbursement or Obligation
Mileage Category/ Type 002	09 / D D / Y Y Y Y Y
Name of Federal Candidate Support Or	ffice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	40.11
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 / 14 2014
Olgitatulo	

Schedule E		T EXI END			PAGE 51 OF 63 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Name				Date of	of Public Distribution/Dissemination
	McCoy				09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Ad	ldress 1025 Cayley Ct			Amou	nt
City		State	Zip Code	$-\Gamma$	55.00
High Poir	t	NC	27260		action ID : e1c94f40-b7d5-4738-b of Disbursement or Obligation
Purpose of Salary	f Expenditure		Category/ Type 001		09 12 7 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay I	łagan		X Oppose	Preside	NO
	ndar Year-To-Date Election for Office Sought	3	302612.99	Disbursemen 2014	t For: Primary X General ther (specify) ▶
	of Payee	_		Date of	of Public Distribution/Dissemination
Chris N	ЛсСоу			M	09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing A	ddress 1025 Cayley Ct				09 12 2014
				Amou	nt
City		State	Zip Code		15.60
High Poir		NC	27260	Transa Date o	ction ID : 6bc21c5f-b94a-4ece-a of Disbursement or Obligation
Purpose of Mileage	of Expenditure		Category/ Type 002	M	09 / 12 / Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay I	Hagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought	7	302612.99	Disbursemen 2014 O	t For:
(a) SUBTO	TAL of Itemized Independent Expenditur	es		• •	70.60
(b) SUBTO	TAL of Unitemized Independent Expendent	itures		•	
(c) TOTAL	Independent Expenditures			· [7 1 7 1 7
with, or at	alty of perjury I certify that the independ the request or suggestion of, any candid nittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M /	14 2014
Signatu	e				

Sc	chedule E)	PAGE 52 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	Vomen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay
T	Full Name of Payee Danielle McCoy	Date of Public Distribution/Dissemination
ŀ	Mailing Address 1025 Cayley Ct	09 12 2014 Amount
ŀ	City State Zip Code	115.00
	High Point NC 27260	Transaction ID : 338332a0-fbbe-4df8-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y 2014
Ì	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
	Full Name of Payee Danielle McCoy	Date of Public Distribution/Dissemination
	Mailing Address 1025 Cayley Ct	Amount
	City State Zip Code	21.00
		Fransaction ID : 418318b0-a4fc-4af2-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 12 / 2014
		Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	136.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule E)	LIVI EXI END	HONES	PAGE 53 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			09 / 12 / 2014
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	110.00
Greensboro	NC	27407	Transaction ID : 11c3c7cb-b446-45ae-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			09 / 12 / 2014
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	21.90
Greensboro	NC	27407	Transaction ID: 8e9ff0c0-502b-4ac7-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 131.90
,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			·
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	uically Filed] Date	09 14 2014
-			

Schedu	ile E)	I EXI END	101120		PAGE 54 OF 63 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	I = M / D = D / Y = Y = Y
OHECK II	24-flour report	New Tept	Amenus repo	In the on	
	Name of Payee Anne Tribou				of Public Distribution/Dissemination
Mailir	ng Address 22369 Ponderosa Dr.			Amou	int
City		State	Zip Code	— I.	50.00
	deville	LA	70471		saction ID: f394deb7-09bf-45e4-8 of Disbursement or Obligation
Purpo Sala	ose of Expenditure ry		Category/ Type 001		09 / 12 / 2014
Name	e of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. I	Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	1	15862.14	Disbursemer 2014	nt For:
Full 1	Name of Payee			Date	of Public Distribution/Dissemination
Jea	anne Tribou			Г	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailii	ng Address 22369 Ponderosa Dr.				
				Amou	unt
City		State	Zip Code		9.30
	deville	LA	70471	Transa Date	action ID : c858f62d-bdcd-49f7-a of Disbursement or Obligation
Mile	ose of Expenditure age		Category/ Type 002		09 / 12 / 2014
Nam	e of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms.	Mary L Landrieu		X Oppose	Presid	lent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 1 7	115862.14	Disbursemer 2014	nt For:
(a) Sl	JBTOTAL of Itemized Independent Expenditure	es		•	59.30
(b) Sl	JBTOTAL of Unitemized Independent Expendit	ures		· •	1 7 1 1 7 1 1 7
(c) TO	OTAL Independent Expenditures			•	7
with, o	penalty of perjury I certify that the independer at the request or suggestion of, any candida committee) any political party committee or its	ite or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	nature				

Sc	chedule E)	120		PAGE 55 OF 63 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		С	C00530766
Ch	neck if 24-hour report X 48-hour report New report	Amends repor	rt filed on	/ D = D / Y = Y = Y
٦	Full Name of Payee John P Hilkert		M = M	lic Distribution/Dissemination
	Mailing Address 7 Bards Lane		Amount	12 2014
	City State Zip C	Code		82.50
	Fletcher NC 2873:			n ID : d0ad87e7-332e-4e20-b oursement or Obligation
	Purpose of Expenditure Salary Cate	egory/ Type 001	M 09	12 / 2014
1	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 302612	2.99	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
	Full Name of Payee John P Hilkert		Date of Pub	olic Distribution/Dissemination
	Mailing Address 7 Bards Lane		Amount	
	City State Zip C	Code		7.80
	Fletcher NC 2873	32	Transaction Date of Dis	ID: f6c8dc6c-ec4b-48c2-b bursement or Obligation
	Purpose of Expenditure Mileage Cate	egory/ Type 002	09 ^M	12 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 302	2612.99	Disbursement For: 2014 Other (Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		•	90.30
	(b) SUBTOTAL of Unitemized Independent Expenditures		.	
	(c) TOTAL Independent Expenditures		•	
١	Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically F	Filed] Date	M / D 14	2014
	Signature			

Scl	hedule E)	LAI LIIDI	101120			PAGE 56 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
W	omen Speak Out PAC				СС	00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	И = М /	D D
T	Full Name of Payee James Tatro				of Public I	Distribution/Dissemination
-	Mailing Address 1208 Braeburn Rd			Amou	09	12 2014
Ĭ	•	tate NC	Zip Code 28211			70.00 : 93346ef7-57aa-42b2-b
İ	Purpose of Expenditure Salary		Category/ Type 001		09	sement or Obligation
l	Name of Federal Candidate		Support	Office Sough	nt:	House District:00
	Ms. Kay Hagan		X Oppose	Presid		NC.
	Calendar Year-To-Date Per Election for Office Sought	3	302612.99	Disbursemen 2014	nt For:	Primary
	Full Name of Payee James Tatro				of Public	Distribution/Dissemination
	Mailing Address 1208 Braeburn Rd			Amo	unt	
ľ	City St	State	Zip Code			5.40
		NC	28211	Trans Date	action ID : of Disburs	: f7dc0e13-854f-4ec9-a sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	09	12 / 2014
	Name of Federal Candidate		Support	Office Soug	ht:	House District: 00
	Ms. Kay Hagan		Oppose	Presid	dent X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		302612.99	Disburseme 2014	nt For:	Primary
((a) SUBTOTAL of Itemized Independent Expenditures					75.40
((b) SUBTOTAL of Unitemized Independent Expenditures	s			1 4	
((c) TOTAL Independent Expenditures				1 4	4
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate oparty committee) any political party committee or its age	or authorized				
	Ms. Emily Buchanan	[Electron:	ically Filed] Date	e 09 /	14	2014
	Signature					

Schedule E)	0111 01 11121 2.12		1101120		PAGE 57 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y = Y
Full Name of Paye Xavier Miller					of Public Distribution/Dissemination
Mailing Address 4	07 randall Dr			Amou	09 12 2014 nt
City		State	Zip Code		70.00
Searcy		AR	72143		action ID : 9d3431d3-b0fc-4f3a-b of Disbursement or Obligation
Purpose of Expend Salary	diture		Category/ Type 001		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal (Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			X Oppose	Preside	ent Senate State: AR
Calendar Yea Per Election f	r-To-Date for Office Sought		89326.08	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Paye Xavier Miller	ee				of Public Distribution/Dissemination
Mailing Address	407 randall Dr			Amou	
City		State	Zip Code		45.00
Searcy		AR	72143	Transa Date	oction ID: 0797a2fd-d001-4323-9 of Disbursement or Obligation
Purpose of Expen Mileage	diture		Category/ Type 002	N	09 / 12 / 2014
Name of Federal	Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			X Oppose	Preside	ent Senate State: AR
Calendar Yea Per Election	r-To-Date for Office Sought		89326.08	Disbursemen 2014	ther (specify) ►
(a) SUBTOTAL of	Itemized Independent Expend	litures			115.00
(b) SUBTOTAL of	Unitemized Independent Expe	enditures		-	
(c) TOTAL Indepen	dent Expenditures			· [
with, or at the requi		didate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	nily Buchanan	[Electron	nically Filed] Date	e 09	14 2014
Signature					

Schedule E)	511020	PAGE 58 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report fi	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct		09
O't Chate	7:- O-d-	70.00
City State Winchester VA	Zip Code 22602	70.00 Transaction ID: 679ff3de-1de7-449d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		on isbursement For:
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination 09 12 2014
Mailing Address 100 ASBURY CT		Amount
City State	Zip Code	60.00
WINCHESTER VA	22602	Transaction ID : 3e3efce4-56ca-446b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 12 / 2014
Name of Federal Candidate	Support O	Office Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Other (specify) Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	conically Filed] Date	09 14 2014
Signature		

Schedule E)	L/((L. (L.)			PAGE 59 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y B Y B Y B Y
Full Name of Payee Jon E Conner				f Public Distribution/Dissemination
Mailing Address 100 Asbury Ct				09 12 2014
			7 1110 21.	
1 '	State VA	Zip Code 22602	Transa	60.00 action ID : 2c657e76-8035-4be6-b
Purpose of Expenditure Salary		Category/	Date o	f Disbursement or Obligation
Jaiary		Type 001		09 12 2014
Name of Federal Candidate Ms. Kay Hagan		Support	Office Sought	
		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	3	302612.99	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee Rodney O Culbreath				f Public Distribution/Dissemination
AASTON Address of				09 12 / 2014
Mailing Address 100 Asbury Ct			Amour	nt
City	State	Zip Code		70.00
	VA	22602		ction ID : f82c3b19-def9-472f-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	130.00
(b) SUBTOTAL of Unitemized Independent Expenditure)S		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			· [7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	14 2014
Signature				

Schedule E)	PAGE 60 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Rodney D Culbreth	Date of Public Distribution/Dissemination
Mailing Address 100 Asbury CT	09 / 12 / 2014
3200 Dam Neck Rd	Amount
City State Zip Code	60.00
Winchester VA 22602 T	ransaction ID: a61b5a24-3068-4250-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	ought: House District:00
Ms. Kay Hagan Oppose Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General Other (specify) ▶
	Date of Public Distribution/Dissemination
Rze Culbreath	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	60.00
THIRDIOGO.	ransaction ID: 62f80261-339a-4ec7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Kay Hagan Oppose	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	14 2014

Schedule E)			PAGE 61 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New report Ame	nds report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Ms. Tonya Boyd		Dat	e of Public Distribution/Dissemination
Mailing Address 2357 Fancy Cap Rd		Am	09 12 2014 punt
01.	75.0.4		10.00
City Sta			40.00 nsaction ID : 2dc9ab28-f9d0-4ca6-b e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type	001	09 / 12 / 2014
Name of Federal Candidate	Si	upport Office Sou	ght: House District: 00
Ms. Kay Hagan			ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	302612.99	Disbursem 2014	ent For: Primary
Full Name of Payee Ms. Tonya Boyd Mailing Address 2357 Fancy Cap Rd			e of Public Distribution/Dissemination 09 12 2014 ount
City Sta	ate Zip Code IC 27030		24.84 saction ID : 55dd8963-624c-430b-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type	002	09 12 2014
Name of Federal Candidate	s	upport Office Sou	ght: House District:00
Ms. Kay Hagan			ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	302612.99	Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures		······ [64.84
(b) SUBTOTAL of Unitemized Independent Expenditures		······	
(c) TOTAL Independent Expenditures		•	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee of		
Ms. Emily Buchanan	[Electronically Filed]	Date 09	14 2014
Signature			

Schedule E)	LAPLINDI	TUNES		PAGE 62 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Earl Stewart			Date of Pub	olic Distribution/Dissemination
Mailing Address 9455 Snow Camp Road			09	12 2014
			Amount	
City	state	Zip Code		55.00
	NC	27349		n ID: d1bb1b4e-08d3-495f-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	02612.99	Disbursement For: 2014 Other (Primary X General Specify) ▶
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Earl Stewart			09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9455 Snow Camp Road			Amount	
City	State	Zip Code		7.80
	NC	27349		ID: 35920fd7-b97a-4bbe-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302612.99	Disbursement For: 2014 Other (Primary
(a) SUBTOTAL of Itemized Independent Expenditures				62.80
(-)				7
(b) SUBTOTAL of Unitemized Independent Expenditure	s		>	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M / D 14	2014
Signature				

Schedule E)	II EXI END	ITOTILO		PAGE 63 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Shanon Snyder			Date of	Public Distribution/Dissemination
Mailing Address 2701 Winifred			09	
			Amount	
City	State	Zip Code		30.00
Metairie	LA 70003			tion ID: b63d80e1-8d39-46ba-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	OS	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	115862.14	Disbursement F 2014 Othe	for: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Shanon Snyder			09	
Mailing Address 2701 Winifred			Amount	
City	State	Zip Code		6.00
Metairie	LA	70003		ion ID: 27a02404-4c5a-4001-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	115862.14	Disbursement F 2014 Othe	For: Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es		· •	36.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	4551.48
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		14 2014
Signaturo				